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ONISION OF CORPUTATE.

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	eph Marshall P.A	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	

ROM: Joseph Marshall
Name (Printed or typed)
1915 Hollywood Blvd Suite#204
Address
Hollywood, Florida 33020
City, State & Zip
954-559-4162
Daytime Telephone number
jmarshall@anhrealty.com E-mail address: (to be used for future annual report notification)
E-man address. (to be used for future attitual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	E Joseph Marshal	IP.A.	
ARTICLE II PRINCIPAL OFFICE Principal street address 1915 Hollywood Blvd		Mailing address, if different is:	
Suite#204		· · · · · · · · · · · · · · · · · · ·	
Hollywood, I	FL 33020		
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	state	
ARTICLE IV SHA The number of shares of	RES stock is:		JUN 30 AM 9: 22
	TAL OFFICERS AND/OR DIRECTOR Joseph Marshall-President	S Name and Title:	ដូក
Address	3111 N. Ocean Dr #507 Hollywood, FL 33019	Address:	•
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address	****	Address:	

Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLE VI The name and F	REGISTERED AGENT Storida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Maggie Marshall	·	e CP
Address:	3111 N. Ocean Dr #507	- 	A VISI
	Hollywood, FL 33019	- မ -	
ARTICLE VII	INCORPORATOR	## 59:	- 1
The <u>name and a</u>	ddress of the Incorporator is:	ີ	
Name:	Joseph Marshall	_	<u>46</u> €
Address:	3111 N. Ocean Dr #507	_	
	Hollywood, FL 33019	-	
	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designatistered agent and agree to act in this capacity 06/01/2014	
	Required Signature/Registered Agent	Date	
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitte y as provided for in s.817.155, F.S.	d in a
	Required Signature/Incorporator	06/01/201 Date	<u>4</u>
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